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CONTENTS.

CLINICS.		Yellow Fever	132
Statistical Report of the Principal Operations performed in the London Hospitals during August, 1854	173	Foreign Intelligence.—Medical Practice among the Poor	182
MEDICAL NEWS.		Cholera	184
Domestic Intelligence.—Transactions of the American Medical Association	182	Obituary Record	184
		Publishers' Notice to Subscribers	184

WEST'S LECTURES ON THE OS UTERI,

SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during August, 1854:—

Lithotomy.—The case left under treatment last month (No. 4) has recovered. Number of cases, 2; recovered, 1; died, 1.

Case 1. A boy, aged 12, in fair health, under the care of Mr. Luke, in the London Hospital. A stone, somewhat larger than a pigeon's egg, was extracted, which consisted of oxalate of lime thinly coated by a layer of phosphates, and had a very irregular exterior. The boy suffered afterwards from severe pain in the back, chiefly affecting the left loin, and attended by much constitutional disturbance. Inflammation of the kidney was feared, and the affection was combated by means of large relays of leeches over the part. The recovery was at length established, the wound having healed well, and a considerable degree of debility being all that remained at the time of discharge. *Case 2.* A man, aged 45, a drunkard; the usual lateral operation was

performed, Blizard's knife being used, and the stone was quickly extracted. The man died on the third day, and at the *post mortem* there was found an incision in the coats of the bladder, opposite to where the knife had entered. The mucous membrane was the most extensively injured, and it was doubtful whether the peritoneal coat had originally been cut through, or had been torn in the removal of the parts after death. The knife which had been used being one with a blunt point, it was difficult to account for the infliction of the injury discovered, excepting by the supposition that the bladder might have been irregularly contracted at the time, and that the cutting edge of the knife had been applied, possibly during withdrawal, to the edge of a fold.

Lithotriety.—Mr. Curling's patient was discharged from the Hospital about a month ago, several operations having been performed, and the entire stone having, as far as could be determined, been removed. He has since, however, complained of some recurrence of his former symptoms, and as an enormous prostate rendered examination

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VOL. XII.—12

difficult, Mr. Curling thinks it not improbable that some small fragment may have escaped detection. The man is to be examined again shortly.*

Removal of Calculus from the Urethra.—A child, aged a year and a half, was admitted under Mr. Cock's care into Guy's Hospital, suffering from retention of urine. He was found, on examination, to be the subject of hypospadias, the urethra opening at the base of the glands. On probing, a calculus was felt impacted at a short distance from the orifice. Mr. Cock made a small incision in the under lip of the meatus, and then extracted the stone, which proved to be somewhat larger than a coffee-bean. The infant recovered well.

Lithectomy in the Female.—For the conclusion of Mr. Prescott Hewett's case (No. 1 of last month's report) we must refer to page 264 of the *Medical Times and Gazette*, for September 9. Mr. Hillman's case (No. 3) has perfectly recovered, and the girl has full power of retaining her urine.

Herniotomy.—In the case of Mr. Poland's, mentioned last month (No. 2), it was erroneously stated, "sac not opened;" it should have been "sac opened." The patient is recovered, as also the others then left under treatment.

Number of cases, 8; recovered, 5; under treatment, 1; died, 2.

Case 1. A woman, aged 62, under the care of Mr. Birkett, in Guy's Hospital; hernia femoral, strangulated twenty-seven hours; sac not opened. Death followed on the third day. The autopsy showed that the stricture had been freely divided. Death had been simply from exhaustion; there was no evidence of peritonitis, and the bowel had so far recovered itself that the strictured portion was scarcely distinguishable from the rest. Gimbernat's ligament had been incised, but the fascia propria had not been opened. A mass of adherent omentum remained in the sac. It should be stated that the woman was of extremely feeble health, and had been brought to the Hospital a distance of more than twenty miles. *Case 2.* A woman, aged 75, under the care of Mr. Hancock, in the Charing-cross Hospital; hernia femoral, of old standing, strangulated nine hours; sac opened. The tumour was as large as a fist, and, when the sac was

opened, it was found to contain a large mass of omentum and a short portion of bowel. The former was returned; the latter, being adherent, was allowed to remain in place.

No peritonitis followed, although there was some suppuration about the exposed omentum. The woman made a good recovery.

Case 3. A woman, aged 30, under the care of Mr. Luke, in the London Hospital; hernia femoral, strangulated two days. The patient had been operated on on the same side by Mr. Critchett, about a year ago, when it had been found necessary to open the sac. The tumour, on the present occasion, was about the size of a pigeon's egg.

Mr. Luke attempted to reduce without, but, finding it not easily practicable, opened the sac. Some peritonitis followed, but the woman ultimately recovered. *Case 4.* A woman, aged 58, under the care of Mr. Johnson, in St. George's Hospital; hernia femoral, strangulated four days; sac opened; recovered. *Case 5.* A woman, aged 50, under the care of Mr. Pollock, in St. George's Hospital; hernia femoral, strangulated three days; sac opened; recovered.

Case 6. A woman, aged 66, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital; hernia femoral, strangulated four days; sac opened. The woman was in a much sunken condition at the time of the operation, and she died about ten hours afterwards. At the *post mortem*, the bowel was found gangrenous, but had been completely relieved from stricture. On the affected side the obturator artery was given off in a common trunk with the epigastric, and passed round the neck of the sac; it had escaped division from the circumstance, and Mr. M'Whinnie had notched the ligament by two slight incisions instead of one free one. On the opposite side, the arterial distribution was natural. A strange history was connected with this patient. It was stated that, for four days before her admission, she had, as an inmate of a work-house, been under surgical care, on account of the symptoms of strangulated hernia; and that meanwhile no operation had ever been proposed to her. *Case 7.* A woman, aged 52, under the care of Mr. Cock, in Guy's Hospital. The tumour was about the size of a large orange, and was firmly fixed in its position, filling the groin, and being placed over the border of Poupart's ligament. Its outline was rather irregular; the overlying skin was tense and reddened,

* Since the above was in type, the examination has been made, and no stone found. The case may be considered cured.

adhering closely to the tumour. The woman gave a very confused history of the affection; but it appeared certain, in the first place, that a tumour had existed in that part for several months; and, in the second, that for the last thirty-eight hours there had been present the symptoms of strangulated bowel. The general aspect and condition of the mass resembled much more nearly a growth of soft cancer from the glands on the point of ulcerating, than a hernial protrusion; but, as the symptoms of the latter had been well marked, Mr. Cock determined to operate. The skin having been cautiously divided, the sac was found immediately beneath it, and closely adherent both to it and the surrounding fascia. So fixed was the tumour by adhesions, that it was not practicable, before opening the sac, to draw it sufficiently down to admit of the femoral ring being reached. The sac having accordingly been opened, it was found to contain a large mass of adherent omentum considerably congested, and also a fold of intestine, about five inches long. The stricture having been divided, the bowel was returned, and the omentum left *in situ*. Some bleeding from about the neck of the sac persisting, Mr. Cock deemed it necessary to place a ligature on the spot in which the bleeding vessel appeared to be; it was not, however, quite effectual, and plugging with sponge had to be adopted. After the latter expedient, no hemorrhage occurred. The sponge was not removed until the following day. Excepting that there has been considerable suppuration of the exposed omentum, and also some sloughing, the progress of the case has been favourable since the operation. The patient remains under care. *Case 8.* A woman, aged 40, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral; of small size, but very tense; sac not opened. Recovered without any bad symptoms.

Trephining of the Skull.—The patient in *Case 1*, of our last month's report, has died. At the *post mortem*, the fracture was found to be very extensive, and there was much disorganization of the brain. *Case 2* has recovered.

Case 1. A man, aged 36, was admitted into the London Hospital, under the care of Mr. Ward, on account of an injury to the head. All the symptoms of severe compression were present. The right pupil was dilated, and the left contracted. Mr.

Ward trephined first over the right parietal bone, where a compound fracture with depression existed. After removing some blood from between the dura mater and the bone, and placing a ligature on a branch of the middle meningeal, which bled freely, the pupil of the opposite eye became sensible to light, but the other remained quite motionless. This induced the suspicion that the fracture had extended to the opposite side, which was confirmed by the existence of a slight puffiness over that part, and the trephine was accordingly applied there. The conjecture proved correct, for a large quantity of coagulated blood was found and removed. No fresh bleeding afterwards occurred. The respiration of the patient became much easier after the operation, but he never regained consciousness, and death followed about twenty-eight hours afterwards. At the autopsy, the line of fracture was discovered, extending from the apex of the petrous portion of the left temporal bone, over the arch of the skull, to the basilar process of the opposite side. No apparent cause of death existed in the skull, since the brain was neither compressed nor lacerated. Death had probably resulted, as in a case of very severe concussion, from inability on the part of the nervous system to rally from the shock, and resume its functions. *Case 2.* A boy, aged nearly 4 years, admitted into St. Bartholomew's Hospital, under the care of Mr. M'Whinnie, suffering from the symptoms of compression. There was a compound fracture of the skull with depression in the left temporal region. Hey's saw was employed, and the bone elevated; but the symptoms were not thereby materially relieved. The dura mater had not been torn in the accident; but as, when exposed, it bulged into the wound, and did not receive pulsations from the brain, it was thought advisable to puncture it, in search of blood extravasated beneath it. This having been done, a small quantity of coagula was removed. Much improvement followed, and the boy regained sufficient consciousness to speak, and to recognize his friends; he afterwards, however, again became insensible, and death took place on the third day. There had been paralysis of the right side, and frequent muscular twitchings of the face. At the *post mortem* a layer of pus was found effused beneath the dura mater, over all parts of the cerebral hemispheres.

The brain substance beneath the seat of injury was much softened.

Ligature of Arteries.—*Case 1.* A man, aged 40, applied at the Charing-cross Hospital, on account of a wound across the course of the radial artery, at the wrist. There had been much bleeding, but was none at the time; and Mr. Diamond, the House-surgeon, accordingly applied a compress, and dressed the wound. In the evening he applied again, having suffered from fresh bleeding; but, as it had a second time ceased, no further measures were adopted. On the following day, a third attack of arterial hemorrhage made it necessary to examine the wound. Ligatures were placed on both ends of the wounded radial, and the case has since done well. *Case 2.* A woman, aged 24, had received a deep wound in the middle of the forearm, and applied at the Charing-cross Hospital, on account of profuse arterial hemorrhage. Mr. Diamond at once cut down upon and tied both ends of the radial. Recovered. *Case 3.* In University College Hospital, by Mr. Statham, ligature of the anterior tibial for the relief of a condition of spurious elephantiasis of the leg. Some benefit has resulted, and there have been no ill effects from the operation.

Treatment of Aneurism by Compression.—Mr. Cock's case, previously mentioned, may now be considered cured. All trace of tumour or induration has disappeared, and the degree of pulsation remaining is not more than that natural to the popliteal trunk. Much benefit appears to have resulted from direct pressure over the sac. The man has now been walking about at his occupation for several weeks, and the tumour shows no tendency to refill.

Amputations.—Of the cases left under care by previous reports, the following have terminated fatally: *Case 9* of the report for May. Death took place from phlebitis with pyæmia about a month after the operation. *Case 8* of the report for June. Death from exhaustion, consequent on extensive sloughing. *Case 6* of the report for June. Death occurred about five weeks after the operation, and when the stump was all but healed. The autopsy showed phlebitis of the profunda vein, and a single small secondary deposit in one kidney. The man had suffered from repeated rigors.

Number of cases, 22; recovered, 8; under treatment, 4; died, 10.

Of the Thigh.—*Case 1.* A woman, aged 40, one of the sufferers by the Croydon railway accident, admitted into Guy's Hospital, under the care of Mr. Poland. The left thigh was fractured just above the knee, and the soft parts were much torn. The hemorrhage had been severe, and there was at first great collapse. As soon as she had a little rallied, chloroform was administered, and primary amputation performed. The patient has done well since; and, within the last week, has been removed to her home. The lines of the incision in the skin were united, excepting at one spot, in the course of a week; but deposits of matter subsequently formed in the stump, and hindered healing. *Case 2.* A boy, aged 7, under the care of Mr. Luke, in the London Hospital, on account of old standing disease of the knee-joint. He was hectic and emaciated to an extreme degree. After the amputation, recovery was unusually rapid; and, within the first week, he had perceptibly gained flesh. *Case 3.* A man, aged 42, admitted after a railway accident, having sustained a compound fracture in the right knee-joint, and a simple but comminuted fracture of the left leg, just above the ankle. Primary amputation of the right thigh was performed. Death followed on the seventh day. At the autopsy a large collection of matter was found surrounding the femur, above the site of amputation, but none of the internal viscera were diseased. *Case 4.* A woman, aged 42, under Mr. Birkett's care, in Guy's Hospital, on whom three operations had previously been performed for the removal of fibroid recurrent tumours from the leg (see *Medical Times and Gazette* for May 27, page 542). The growths again appearing, it was determined to remove the limb. The patient was in tolerably good health, and the stump has since healed well; there has formed, however, an indurated mass beneath the spot where the pad of the tourniquet pressed, the nature of which is suspicious. *Case 5.* A female child, aged 11, of strumous constitution, under the care of Mr. Birkett, in Guy's Hospital, for diseased knee-joint. Recovered. *Case 6.* A man, aged 46, under treatment for compound fracture of the leg. Erysipelas followed, and necessitated amputation through the thigh, which was performed four weeks after the accident. The man had previously had repeated rigors. Death took place a week after the operation. No autopsy. *Case*

7. A man, aged 52, of intemperate habits. The injury was a compound and comminuted fracture of the lower part of the femur, and much blood had been lost. Primary amputation was performed. The man sank into collapse after the operation, and died in about fifty hours. *Case 8.* A man, aged 22, of feeble health, under the care of Mr. Poland, in Guy's Hospital, on account of a large growth of osteo-chondroma from the lower part of the thigh. Amputation through the upper third was performed, and the man recovered well. *Case 9.* A brewer's man, aged 50, admitted on account of compound fracture of the leg. An attempt was made to save the limb, but gangrene followed, and amputation became necessary. The man sank, and died apparently from the shock of the operation. *Case 10.* A man, aged 19, in Guy's Hospital, under the care of Mr. Birkett, on account of strumous disease of the knee-joint. Abscess had opened in several directions, and his cachexia was extreme. He made a very good recovery. *Of the Leg.—Case 11.* A boy, in good health, admitted under the care of Mr. Hillman, into the Westminster Hospital, on account of compound fracture. Primary amputation by the double flap method was performed, and the lad has made a good recovery. *Case 12.* A man, aged 38, in cachectic state, much reduced by diarrhoea and abscesses in different parts of the body. Amputation was performed on account of disorganization of the ankle-joint. Death from pyæmia followed on the seventh day. *Case 13.* A young woman, aged 19, in very feeble health, suffering from partial necrosis of the tibia, with extensive destruction of the soft parts. Amputation just below the knee was performed. Death from collapse occurred on the following day. There had been very little blood lost during the operation, and none afterwards. Chloroform had been administered. At the autopsy, the liver was found fatty, and the spleen large, and almost diffuent. *Case 14.* A man, aged 33, very feeble, and exhausted by long suppuration. He had been in hospital for a long period, suffering from phlegmonous erysipelas, in the course of which his ankle-joint had been attacked and disorganized. He had had abscesses in several parts, and large bed-sores. The erysipelas had quite subsided, and the ulcers mostly healed, and, as the discharge from the ankle seemed to be what mainly retarded his recovery, it was determined to amputate. After the operation, he appeared to do well, until about the tenth day, when a rigor occurred, which was repeated frequently afterwards. In the intervals of the rigors there were profuse perspirations. No autopsy. *Case 15.* A man, aged 60, under care on account of large sloughing ulcers of the leg consequent on injury. He was in an almost hopeless condition of exhaustion at the time of the operation, and died a few days afterwards. *Case 16.* A man, aged 54, admitted with compound comminuted fractures of both legs. The right leg was quite crushed, and there had been profuse bleeding; the left was not so much injured. Primary amputation of the right, below the knee, was performed. The man sank, and died of exhaustion on the fourth day. *Of the Foot.—Case 17.* A child, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of diseased os calcis and tarsus, the ankle-joint being sound. Syme's operation was performed. No sloughing followed, and the parts united to a considerable extent by first intention. The child was able to be about the garden three weeks after the operation, and the parts have since become perfectly sound. *Case 18.* A man, aged 28, in St. Mary's Hospital, under the care of Mr. Ure, on account of diseased tarsus. Syme's amputation was performed. The greater portion of the flap was lost by sloughing, but a very tolerable stump is promised. *Of the Upper Extremity.—Case 19.* A man, aged 60, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital, on account of a large cancerous ulcer on the back of the left hand. The disease had existed for eighteen months, and had involved a large extent. The man, however, was in fair health, and the lymphatics were not affected. An interesting fact connected with the history of the case was, that the man had been used to frequently sweep chimneys by machinery, in doing which his hands were necessarily much exposed to soot. Mr. M'Whinnie amputated through the forearm, and the man has made a good recovery. *Case 20.* A man, aged 30, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of diseased carpus. He was much enfeebled by the long standing disease. Some exploratory incisions were first made, but it being evident that the condition of the bones was hopeless, as

regards recovery, amputation through the forearm was performed; slight erysipelas followed, but it soon subsided, and the man has made a good recovery. *Case 21.* A man, aged about 50, under the care of Mr. Walton, in St. Mary's Hospital, with a compound fracture of the olecranon. The whole arm became involved in phlegmonous inflammation, and a secondary amputation through the upper arm had to be performed in the third week. The stump has since all but healed, but the man has suffered from severe rigors, and is in a very doubtful condition. He had been extremely intemperate. *Case 22.* A healthy man, aged 35, admitted under the care of Mr. Birkett, into Guy's Hospital, having had his wrist joint crushed by the wheel of a loaded cart passing over it. Primary amputation through the forearm was performed. Symptoms of pyæmia set in on the 13th day, and death followed on the 26th. At the autopsy, phlebitis was found, and also inflammation of the pleura, and purulent deposits in the lungs and liver.

Excision of Bones and Joints.—Mr. Fergusson's excision of the knee joint, mentioned last month, is doing well, and the line of incision is all but healed. In Mr. Paget's case of excision of the elbow-joint, the patient is about to leave the Hospital. Considerable thickening still remains, and one or two small and superficial sores; there is, however, excellent motion, and the case promises a most successful result. Mr. Erichsen's last case of excision of the head of the femur is doing well. In the preceding one, the patient was discharged from the Hospital to go to Margate, and has since died at the latter place. The other cases of this class remain under treatment.

During the month, the following have been performed: *Case 1.* A boy, aged 7, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing diseases of the knee-joint. He was hectic and extremely emaciated. Excision of the entire joint, with removal of the patella, was practised. The boy suffered extreme constitutional disturbance after the operation, and sank, in spite of the very free use of stimulants. Death took place on the fifth day. During the last day there had been very frequent vomiting. The parts about the knee were not swollen, and the edges of the flaps lay in apposition, covered by grayish lymph, without any attempt at union. At the *post mortem*, the

bones were found in exact apposition. No evidences of phlebitis were discovered.

Case 2. A boy, aged 9, in the Westminster Hospital, under the care of Mr. Holt, on account of diseased knee-joint; the fistula communicating with the interior of the joint both in front and in the popliteal space. The boy was hectic and very feeble. Mr. Holt made his first incisions with the view of exploring the joint; but finding that the latter was quite disorganized, he afterwards enlarged them, and performed an ordinary resection of the articulation. The patella was not removed. But slight constitutional disturbance ensued on the operation, and within a few days afterwards, the boy began to improve in health. Some suppurative, of course, followed, and the pus escaped partly in front and partly by the popliteal fistula. The lines of incision are now almost healed, and the boy's condition is very satisfactory. *Case 3.* A woman, aged 20, under the care of Mr. Statham, in University College Hospital, for diseased knee-joint. The disease had existed one month. Excision of the whole articulation was performed, and the patient has since done fairly. *Case 4.* A woman, aged 27, under the care of Mr. Hancock, in the Charing-cross Hospital, on account of old-standing disease of the elbow-joint. He was much reduced in health by the disease, and almost hectic. Mr. Hancock performed resection of the entire joint, by means of the usual H shaped incision. The bones were found carious, and deprived of cartilage. Much improvement in the patient's health has followed the operation, and a very good local result is promised, as the parts are almost healed. *Case 5.* A lad, aged 19, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of diseased wrist and carpus. Being in good general health, and the condition of the soft parts being favourable, the case was judged suitable for removal of the diseased bones. Mr. Stanley exposed the back part of the carpus, by dissecting up a flap which included both tendons and integument, and was curved from above downwards. A large abscess was opened, and the articulations between most of the carpal bones were found diseased, their synovial membrane and cartilage being destroyed. Either portions or the whole of most of the carpal bones were removed by means of the forceps, such parts being dissected out as appeared most diseased. The

flap of skin was afterwards replaced, and confined in position by sutures. The condition of the hand since the operation has, perhaps, been as satisfactory as might have been expected. The incision has united in almost all parts, but there is still some general swelling, and several sinuses probably communicating with bone. *Case 6.* A woman, aged 74, under the care of Mr. Statham, University College, on account of disease of the elbow joint of three months' duration. Excision of the articulation has been performed, and the case is making favourable progress. *Case 7.* A girl, of strumous constitution, under the care of Mr. Statham, in University College Hospital, on account of disease of the ankle. The joint has been excised, and the case is doing very well. *Case 8.* A man, aged 44, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased carpus, the result of acute inflammation, consequent on a sprain received eight or nine months previously. Mr. Birkett enlarged freely the fistulous openings already existing, and removed five of the carpal bones, all of which were denuded of cartilage. Under treatment. *Case 9.* By Mr. Birkett, in Guy's Hospital, removal of a necrosed portion of the os calcis from the foot of a child, aged 10, who had suffered from the disease for three years. Under treatment.

Operations for Abscess in Bone.—The following interesting example of circumscribed abscess in the middle of the shaft of a long bone has occurred under the care of Mr. Paget, in St. Bartholomew's Hospital. The patient, a girl aged 18, had long been under care, on account of fistulous openings over the middle of the front of the left tibia, which led deeply into the middle of the bone. There was slight enlargement of the shaft round this part. The history was, that a year ago, while recovering from fever, she had suffered an attack of intense pain in the part now affected, and which had lasted for several weeks with such severity that she had scarcely slept. An abscess shortly afterwards formed, and was opened, after which the pain almost ceased. After discharging for a month, the abscess healed, but did not remain so for more than a few days, and it had ever since continued to discharge. Mr. Paget thought it probable that some necrosed fragment of bone was inclosed in the diseased part of the shaft, and he accordingly performed the

operation of trephining, in the hope of being able to remove it. A free opening having, however, been made, it was found that no necrosis existed, but that there was merely the cavity of a circumscribed abscess, about capable of containing a walnut, and lined by soft membrane. The wound is now granulating from the bottom, and appears likely to heal.

Excision of Malignant Growths.—*Case 1.*

By Mr. Pollock, in St. George's Hospital, removal of a medullary growth from the front of the chest of a woman, aged 30. The tumour had been twice excised from the same part before. *Case 2.* By Mr. Luke, in the London Hospital, removal of a testis affected with medullary cancer, from a child aged four years. The patient is a stout, but very pale child; there are no indications of affection of the glandular system or of the structures composing the cord. Some inflammation of the scrotum and about the inguinal canal followed the operation, but has since subsided, and the wound is now all but healed. *Case 3.* By Mr. Hilton, in Guy's Hospital, amputation of the penis, on account of epithelial cancer. The patient, a man in fair health, had been admitted into the venereal ward, suffering from phymosis and supposed concealed sores. The prepuce having been slit up, a large ulcer, with warty indurated edges and much wart-like growth around it, was exposed. Suspecting its malignancy, Mr. Hilton had a small portion excised and submitted to Professor Queckett for microscopic examination, and the characters of epithelial cancer having been found, amputation was determined on. The mode of operating selected was one which, in two or three previous cases, Mr. Hilton had practised with success, its peculiarity consisting in cutting through the corpora cavernosa, higher up than the corpus spongiosum and urethra. A sound having been passed into the urethra for the convenience of steadying the part, the operator transixed the penis with a narrow-bladed knife, just above the urethra, and then cutting directly upwards, divided the corpora cavernosa and integument. The next step consisted in separating the portion to be amputated from the upper surface of the urethra for a distance of about half an inch forwards, at which point, by a cut downwards, the latter, together with the corpus spongiosum, was divided. The parts healed well, and it seemed probable that the disease

of the urethra would continue to be prominent, and quite free from contraction. *Case 4.* By Mr. Le Gros Clarke, in St. Thomas's Hospital, amputation of the penis, on account of epithelial cancer. The patient was a man, aged 54. Recovered. *Case 5.* By Mr. Paget, in St. Bartholomew's Hospital, amputation of the penis on account of epithelial cancer. The patient was a man, aged 40; the operation was performed in the usual way, by a single sweep of the knife. *Case 6.* By Mr. Birkett, in Guy's Hospital, excision of a large melanotic growth from between the scapulae of a woman, aged 34. The case had been previously operated on in another hospital five months ago (see *Medical Times and Gazette* for May 27, page 542). Within a month of the operation, and almost before the wound had quite scarred, there were indications of its redevelopment, and it quickly attained a large size. It was a large ulcerated mass at the time of Mr. Birkett's operation; but still quite limited to the skin, and the woman's health was tolerably good. A considerable quantity of blood was lost during and after the operation. Chloroform was exhibited. The patient sank subsequently into a condition of great exhaustion, and died on the sixth day. At the autopsy, no deposit of secondary cancer was discoverable in any organ. The internal viscera were softened and anæmic.

Removal of Non-malignant Growths.—Case 1. By Mr. Adams, in the London Hospital; excision of a very large fibrous tumour from the inner side of the left leg of a woman, aged 43. The tumour had been growing for fourteen years, and was placed just above the knee, the skin covering it being intersected by numerous large and tortuous veins. It was movable, and consisted of two firmly-connected lobes, each as large as an adult fist. During the excision considerable bleeding occurred. The inner part of the tumour was found to dip under the border of the vastus internus muscle. The hemorrhage was easily arrested afterwards; and for a few days the patient seemed to do well. Subsequently, however, the leg was attacked by phlegmonous erysipelas, after which the symptoms of pyæmia occurred. Death took place five weeks after the operation. The tumour, after removal, was found to consist of firm fibro-cellular tissue, in some parts being almost as solid as a fibrous tumour of the uterus. *Case 2.* Ex-

cision of the testis on account of supposed malignant disease. The patient was a soldier, aged 24, and he attributed his disease to a blow which he had received eighteen months previously. The whole scrotum was reddened, and the testis was enlarged to the size of a goose's egg. There were two small fistulae which led deeply into the organ, and from which small quantities of thin matter escaped. Excision of the entire gland was performed in the usual way, and the man has since recovered well. In the middle of the testis was found a circumscribed abscess, about the size of a hen's egg, distended with thick pus, and lined by a villous membrane. Around the cavity, the structure of the gland was spread out; in most parts, however, it appeared to be quite healthy. *Case 3.* By Mr. Simon, in St. Thomas's Hospital; excision of a small, hard tumour from the left breast of a girl, aged 15. It proved to be simple lobular hypertrophy. The wound soon healed. *Case 4.* By Mr. Ward, in the London Hospital; removal of a fatty tumour from the abdomen of a woman, aged 30. The frigorific mixture was used preparatory to the incision in the skin.

Puncture of the Bladder.—Mr. Hilton's patient, the subject of Case No. 2, in the last report, has been discharged well. The canula was retained in the bowel for ten days, since which the stricture has been successfully treated by dilatation. Mr. Ince, the dresser of the case, succeeded in passing a No. 8 before he left the hospital.

Removal of Necrosed Bone.—Numerous successful operations of this class have been performed, but in one a fatal result has ensued. The patient was a girl, aged 14, in very feeble health, from whom portions of a necrosed tibia had been removed. Death from erysipelas followed.

Ligature, etc. of Nævus.—In Mr. Cock's case, mentioned last month, a second injection with the perchloride has been performed. It remains under treatment. The cases of aneurism by anastomosis also remain under treatment.

Operations for Ununited Fracture.—In Mr. Lawrence's case of ununited fracture of the tibia in a boy, in which the introduction of a seton had been tried, no benefit has resulted. The threads were removed on the tenth day, and it was hoped that consolidation might follow, but the bone

are now as movable as ever. A further operation is contemplated.

Plastic Operations. Staphyloraphy.—In Case 3, of the report for June, a second operation has been performed. The patient is a girl, aged 16, under the care of Mr. Pollock, in St. George's Hospital, for cleft palate. On the former occasion, Mr. Pollock united only the soft palate, which healed well. The present operation consisted in paring the edges of the aperture in the hard palate, and uniting them, free lateral incisions having been made to prevent tension. For *fungous testis*, in the case of a young man under his care in St. Bartholomew's Hospital, Mr. Paget has performed the operation recommended by Mr. Syme in cases of protruded testis. The protruded mass had a circumference about the size of a halfpenny, and an elevation of the third of an inch. The whole testis was much enlarged, and the tissues of the scrotum were somewhat thickened by inflammation. Mr. Paget made an incision down the vertical axis of the scrotum almost from its upper to its lowest part, crossing the middle of the protrusion; the adherent margins of skin by the side of the latter were then dissected away by elliptical incisions, which joined the vertical ones. The next step consisted in separating the testis from the sides of the scrotum sufficiently to allow of its being covered in by the latter without tension. The fungous granulations which formed the protrusion were not interfered with. The sides of the incision were lastly united together over the testis by numerous interrupted sutures, the appearance presented afterwards being that of a single longitudinal cut, about seven inches long. A little swelling on the few following days was present about the lips of the wound, and they did not unite by first intention. A week later, the greater part of the cut was soundly healed, but in the centre there was a little gaping, and a small part of the fungous granulations of the testis had again become visible. At present (three weeks after the operation) the healing is all but complete, and the testis, excepting a point not larger than a pea, has been perfectly covered. The remaining part promises to heal rapidly. **For the Closure of an Aperture in the Urethra.**—A man, in good health, aged about 36, was admitted into the London Hospital, under Mr. Curling, on account of

a long opening in the floor of the penile portion of his urethra, and of stricture anterior to it. Several operations had been performed for its closure, at an Indian Hospital, and he had now come to England with the express intention of having it treated. The aperture commenced just in front of the scrotum, and was about three-quarters of an inch long; it had resulted from sloughing. Mr. Curling's first measure was to secure the patency of the front portion of the canal by dividing the stricture from within. Ten days after that had been done, a full-sized catheter could easily be passed, and the following operation was then adopted: In order to prevent the risk of the flow of urine through the urethra preventing the union of the flaps, it had been determined to puncture the canal in the perineum. This was accordingly done, and a flexible catheter introduced into the wound. The sides of the false opening were then dissected freely up, and their edges pared. By applying together their under surfaces (not the edges) for a breadth of about the third of an inch, a sufficient extent of apposition was easily got, and, by means of portions of silver wire passed through a fold of wash-leather and secured by shots, the parts were effectually kept in close contact. For the four days immediately following the operation all seemed to be going on well. By the expedient of placing a bladder of ice at the perineum during sleep, nocturnal erections had been prevented, and the escape of urine had been solely by the catheter in the perineal wound. During the fourth night, however, the catheter by some accident got stopped, and the urine forced itself into the natural channel, and broke down the adhesions already formed at the seat of operation. The sutures had to be taken out, and the failure was for the time complete. Since then, however, by the process of healing by granulation, the size of the opening has been very considerably diminished, and will probably be yet more so. The perineal wound has closed. [At page 421 of the *Medical Times and Gazette* for Oct. 22, 1853, the reader may find the notice of an operation by Mr. Paget, almost similar to the above, and which issued in the same results.] **Harelip.**—Two operations for single harelip have been successfully performed, and one has failed. An operation for the restoration of part of the lower lip

which had been destroyed by sloughing many years previously, has also failed.

Tenotomy.—In several cases of club-foot, tenotomy has been performed with success. The following occurred in Guy's Hospital, under the care of Mr. Cock. A muscular man, aged 50, was admitted on account of a dislocation of the tibia inwards and forwards. All attempts to reduce it, even when made under the influence of chloroform, failed, until the tendo-Achillis had been divided, after which the reduction was easily effected. No difficulty has since occurred in keeping the foot in place.—*Med. Times and Gaz.* Sept. 23, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Transactions of the American Medical Association.—We are happy to announce the publication of the seventh volume of these Transactions. We received our copy on the 10th of November. Knowing the difficulties to be encountered in passing through the press a volume of this kind, we feel disposed rather to compliment the present committee of publication on their achievement, than censure them for tardiness. We may remark, however, that there is nothing either in the period of publication or in the appearance of the volume which may not be eminently consolatory to the former committee of publication. The previous volume, containing 869 pages, with 23 coloured plates, and a large number of wood-cuts, was distributed to members on the 15th of November of last year. The present volume, containing but 668 pages and comparatively few illustrations, one only of which (a map) is coloured, was distributed a very few days earlier, the present year.

YELLOW FEVER.—*New Orleans.*—The epidemic of the present year is said to have been the severest, with the exception of that of 1853, which ever prevailed in New Orleans. It is estimated that there were nearly fourteen thousand cases.

The following is given as the mortality, up to October 15:—

Deaths up to July 16,	13
“ week ending July 23,	6
“ “ “ “ 30,	12
“ “ “ “ Aug. 6,	35
“ “ “ “ 13,	51
“ “ “ “ 20,	131
“ “ “ “ 27,	201
“ “ “ “ Sept. 3,	224
“ “ “ “ 10,	305
“ “ “ “ 17,	361
“ “ “ “ 24,	367
“ “ “ “ Oct. 1,	283
“ “ “ “ 8,	223
“ “ “ “ 15,	151
“ for the four days ending this morning	57

Total yellow fever deaths . . . 2,420

Savannah.—The mortality in this city during the epidemic, is given as follows:—

Total interments for twelve weeks, ending October 31, 1,007, of which 626 were from yellow fever.

White Persons.	
By yellow fever	611
Other diseases	301
Total	912

Black and Coloured Persons.	
By yellow fever	15
Other diseases	80
Total	95

FOREIGN INTELLIGENCE.

Medical Practice among the Poor.—I trust that I shall not be thought wanting in humanity, if I suggest in this paper little more than a business view of the relations that subsist between the sick poor and the main body of the doctors. Mr. Souchong, who supplies tea to the poor in ounce packets at an enhanced price, and not always in the state in which it left China; Mr. Sirloin, who sells them the chips and fragments of his meat at a good profit; Mr. Wick, who gets the half-penny out of the poor man's penny candle, may hold up their hands at the hardheartedness of an apothecary who meanly connects thoughts of the sick poor with thoughts of his own day-book and ledger. Be it so. Many a night, when Mr. Souchong was

snoring soundly with his cash-box on the chair at his bedside, I and thousands of my brethren, in town cellars and garrets, or in country cottages by lonely hill sides, have sat sleepless by the bed of a poor man or woman tossing with pain, have had our hands grasped firmly by sufferers who held to us as to dear life; and forgetting our own weariness, have laboured to be strong in help, and strong in sympathy, to cheer the downcast, and to comfort those that mourned. Of course, we are hardhearted. Mr. Souchong, who happens to be a poor law guardian, and who knows it, says so.

The profession looks to an undiscerning public for patronage which is much too unwisely and unequally distributed. It is full of struggling men whose competition with each other would be fierce if it were not restrained by gentlemanly feeling, and a rigid code of etiquette. In such a profession jealousies and morbid sensitiveness must—as they surely do—exist. The folly of the ignorant among the public opens many a profitable path to meanness. Worldly advantages are offered most freely to all medical men who will be humbugs. Some surely must be too weak to withstand temptation of this kind; and, indeed, it is well known that, so far as we could do so with honour, we have all sought to satisfy the public by including a very considerable mass of humbug in the routine of our daily practice. We are not to blame for this, any more than we are to blame for the heartburnings that arise among ourselves out of the general impoverished state of the profession; called upon as it is to give its services gratuitously to three-fourths of the population of the country. We accept cheerfully, I say again, that last-mentioned necessity; but it is not requisite that we should work, as we so generally do work, unthanked.

Apart from a sense of duty done, the sole profit that a medical man gets out of attendance on the sick poor, is experience. But he gets that out of the sick rich who pay him for his cares; yet he is content to take it as his only profit from the poor. His need of experience is great. He requires it first in hospitals; in which poor men, women or children are collected for gratuitous treatment by the foremost men of the profession; who in that way bear their share of the general burden (no payment being attached to hospital appointments); and, at the same time, impart much of their own practical knowledge to their juniors. Then the ju-

niors, when they have received their diplomas, begin practice by the acquisition of some more experience among the poor; and, with that view, seek small salaried positions as house surgeons in provincial infirmaries, or as assistants—doers of the parish work—in the pay of established surgeons.

These are the young men entitled whippersnappers; to whom the poor are said, by Messieurs Souchong, Sirloin, and Wick, to be shamefully and neglectfully handed over. Mr. Souchong, Sirloin, and their friends refuse on their own parts to take counsel of a whippersnapper; so do their betters with considerable unanimity. They wait until he has more experience; that is to say, until he has tried his prentice hand sufficiently among the poor. He would be happy enough to attend viscounts and bankers; but he is bidden by society to try his hand first among beggars. He does so in all good faith and earnestness; whereupon cries virtuous society, it is a shame to intrust to whippersnappers poor men's lives! Now, I believe that, as the world of physic goes, the poor are not in this respect much to be pitied; and that, on the whole, they perhaps get more true help in the way of medical attendance than several of the classes next above them; including nearly all the poorer half of what are called the middle classes. The poor man in any town, if dangerously ill, may go into a hospital, where he not only gets the help of such professional advice as, except himself, only the wealthy can afford to summon to their cases, but he gets the advice carried out for him by a system of skilled watching and tending such as many a duke is unable to secure. In every town, almost every surgeon or physician famous for his skill in treating any given form of disease, sits at some hospital or dispensary at certain hours, to prescribe gratuitously for the poor who come to him; securing himself the opportunity of watching and comparing a great number of cases, and, on the other hand, giving to the poor opportunities that very seldom can be compassed by a tradesman's purse. Even the out-door visiting by whippersnappers is rather a gain to the sick poor than not. The young practitioner, fresh from his studies and his hospital training, has not, indeed, independent experience; but he has the best and latest knowledge fresh in his head, and the experience of first-rate practice that he has been witnessing, still at his fingers'

ends. This is not the case with men in active practice, who cannot keep pace with the growth of scientific knowledge in their own profession. Thus the whipper-snapper may know more than the old established man; whose very success makes him a man of routine and leaves him no time for study. Perhaps, however, this youth is a fool who has lost time and misused his opportunities. Granted. Perhaps the old man, too, was such a fool in his youth; and if he was, assuredly he never had it in his power afterwards to conquer the ignorance with which he started. He has learned only to hide it; to find a substitute for knowledge sometimes in assumption—sometimes in goodness or in some assumed eccentricity of manner. But the young fool who, distrusting himself, is not bound by any delicacy of position to abstain from seeking information of his seniors, is a much safer counsellor to a poor man—or even to a rich man—than the old fool who is pledged to maintain a character for wisdom.—*Household Words.*

CHOLERA.—London.—The disease continues to decline.

For the week ending—

October 7,	the mortality was	411
“ 14,	“	249
“ 21,	“	163
“ 28,	“	66
Nov. 4,	“	31

The deaths by cholera in the three months of July, August, and September, throughout England and Wales, have been 15,587; by diarrhoea, 11,135; or 26,722 by the two forms of disease. The epidemic has exhibited less intensity than it did in 1849; and although diarrhoea has been apparently as prevalent, or at least as fatal, the deaths by cholera have been less by 28,234 than the deaths by the same disease in the three summer months of that year. The mortality from cholera and diarrhoea is less by one-half than it was in 1849.

OBITUARY RECORD.—We find announced, with great regret, the death of Dr. GOLDING BIRD, at Tunbridge Wells, on the 27th of October, at the early age of thirty-eight years. For some months past, his failing health had obliged him to relinquish all professional exertion; and in June last he finally left London to seek repose, though not health, in retirement at Tunbridge Wells. Although he had long suffered from affection of the heart, the immediate cause of death was connected with kidney disease, and thus he fell a victim to a malady, to the elucidation of which the greater portion of his professional life had been devoted, and in the diagnosis and treatment of which he had been one of the greatest authorities.

PUBLISHERS' NOTICE TO SUBSCRIBERS.

ADVANCE paying subscribers to the AMERICAN JOURNAL OF THE MEDICAL SCIENCES, who receive the MEDICAL NEWS AND LIBRARY without charge, will be glad to hear that their subscriptions for the year 1856 should be remitted to the publishers of January to insure their receiving both Journals free of postage.

Subscribers mailed to those who have not remitted are sent unpaid. The advantage of promptly forwarding the amount (Five Dollars) is thus apparent. As the NEWS AND LIBRARY is only sent on paid subscriptions, those who desire its continuance should remit for it (One Dollar) during December.

Efforts will be spared to maintain the high reputation of these periodicals. The January number of the Medical Journal will be found a Biography of the late Dr. Nathaniel Chapman, by Prof. Samuel Jackson, with a handsome portrait of the deceased. The Library Department of the "NEWS" for 1855 will contain a valuable practical work, worthy to follow those of Watson, Malgaigne, Todd and Bowman, Bredie and others, which have given so much satisfaction to subscribers for the last twelve years.

INDEX.

A.
 Acne, treatment of, 169
 Aconite, poisoning by, 37
 Advertising, 10, 31
 Air, importance of pure, 16
 Alleghany County Medical Society, 74
 American Medical Association, 13, 89, 102,
 105, 182
 ——— Monthly, 52
 ——— Journal of Insanity, 126
 Army Medical Board, 75
 Ascites, tapping for, in an infant, 38
 ———, treated by iodine injections, 37

B.
 Bayonet, transfixure of a body by, 126
 Becquerel, existence of syphilis in France in
 the first century, 16
 Belladonna for cure of mercurial salivation,
 38
 Bellencontre, turpentine in cholera, 147
 Berg, cholera in Sweden, 23, 44, 69
 Bourdel, tincture of benzoïn for cure of sore
 nipples, 171
 Boussingault, why new bread becomes stale,
 159
 Bread, why it becomes stale, 159
 Budd, lectures on functional disorders of stom-
 ach, 61, 81
 Burial grounds in London, closing of, 75
 Bury, preservative power of copper in
 cholera, 9

C.
 Caby, subnitrate of bismuth in gonorrhœa,
 171
 Caffè, poisoning by visiting cards, 560
 Caffeïn in hemicrania, 171
 Castor-oil in cholera, 157, 171
 Charcoal as a disinfectant, 160
 Chester County Medical Society, 34
 Chloroform, deaths from, 34, 35, 90, 102,
 125, 126, 156, 169
 ——— in midwifery practice, 35, 36
 Cholera, 5, 9, 21, 22, 23, 39, 40, 49, 50, 74,
 87, 88, 100, 101, 123, 125, 135, 145, 147,
 156, 157, 158, 171, 172, 184
 ——— in Sweden, 23, 44, 69
 ———, is it contagious, 88
 ———, law of, 100
 ———, pathology of, 89
 ———, probable duration of fatal cases of,
 10
 ———, treatment of, 49, 73, 171
 ———, by castor-oil, 157

Cholera, treatment of, in the London Hos-
 pitals, 21
 Cod-liver oil, new mode of giving, 136, 148
 ———, prize offered for essay on, 40
 Coffea Arabica, medical properties of, 53
 Coffee leaves, 75
 Collodion in orchitis, 148
 Convulsions, causes of, 37
 Copper, preservative power of, in cholera, 9
 Coste, treatment of ascites by iodine injec-
 tions, 37
 Creasote in cholera, 136
 Croup, tracheotomy in, 171
 Cunningham, heroism of, 75
 ———, ventilation of ships, 170

D.
 Delaware State Medical Society, 13

E.
 Epenbeck, belladonna for cure of mercurial
 salivation, 38
 Epidemics, cost of, 125
 Eulenberg, caffeïn in hemicrania, 171
 Eutenberg, traumatic in inveterate affec-
 tions of skin, 170

F.
 Favre, importance of pure air, 16
 France, new dispensary system in, 55
 French bone-setter, 145

G.
 Gaillard, treatment of varicocele, 190
 Graduates, medical, 75, 89
 Grainger, influence of human effluvia in the
 production of disease, 14
 Graveyard poisonings, 55
 Great Britain, excess of females in, 192
 Guersant, tracheotomy in croup, 171
 Guyot, treatment of cholera, 22
 Guy, duration of life among medical men, 54

H.
 Hamilton, medicinal properties of coffea
 Arabica, 53
 Harvard University Medical School, 156
 Health of our cities, 145
 Hemicrania, caffeïn in, 171
 Hernia, radical cure of, 127
 Homœopathy, 92
 Hubbenet, treatment of cholera, 49
 Human effluvia, effect of, in the production
 of disease, 14

- I.**
 Indictment of the proprietor of an anatomical museum, 56
 Iodine injections, treatment of ascites by, 37
- J.**
 Jackson, causes and treatment of tetanus, 53
 Jobert, radical cure of hernia, 127
 Johnson, castor-oil in cholera, 157
- K.**
 Knee-joint, excision of, 52
- L.**
 Lee, chloroform in midwifery practice, 35
 Lehigh County Medical Society, 89
 Letherby, deleteriousness of London gas, 75
 Life, duration of, among medical men, 54
 London gas, deleteriousness of, 75
 Longevity, statistics of, 40
- M.**
 Malarial visitation, 40
 — praxis, acquittal of, 145
 Manetti, new method of administering quinquina by pulmonary absorption, 36
 Marcet, saline injections in cholera, 23
 Masserandura, or milk-tree, 91
 Measles in Edinburgh, 40
 Medical Journal, donation to, 6, 39
 — men, penalties they incur in the discharge of their duties, 54
 — practice among the poor, 182
 Mercurial salivation, cured by belladonna, 38
 Merriman, chloroform in labour, 36
 Moldo-Wallachia, climate, &c. of, 90
 Murphy on convulsions, 37
- N.**
 Naval Medical Board, order, 50
 New-Castle, sanitary condition of, 56
 — Orleans Medical News, 126
 — mortality for 1853, 35
 —, yellow fever in, 156, 182
 — York, births, marriages, and deaths in, 51
 — State Lunatic Asylum, 156
 Nickel's elastic adhesive plaster, 16
- O.**
 Obituary record, 14, 16, 35, 40, 75, 90, 92, 148, 156, 169, 172, 184
 Ohio Medical and Surgical Journal, 35
 Oneida County Medical Society, 146
 Orchitis, collodion in, 148
- P.**
 Palmerston's letter to Presbytery of Edinburgh on cholera, 39
 Paris, medical spirit-rappings in, 56
 — students in, 40
 Peninsular Journal of Medicine and the Colateral Sciences, 13
 Pennsylvania College, 125
 — State Medical Society, 135
 Persia, Cholera in, 74
 Petroleum in phthisical cough, 171
 Philadelphia College of Physicians, 51
 — County Medical Society, 51
 Philadelphia Hospital, Blockley, 168
 — mortality in, 52
 Pins, removal of, from body, 127
 Prize Essay, 168
 Pulmonary absorption, quinquina administered by, 36
- Q.**
 Quack advertisements, 10, 31
 Quackery and English law, 144
 —, sketches and illustrations of, 10, 11, 31, 144
- R.**
 Reed, treatment of cholera, 73
- S.**
 Sauvan, new mode of giving cod-liver oil, 136
 Savannah, testimonials of gratitude to her medical men, 167
 —, yellow fever in, 156, 168, 182
 Shattuck, donation to Harvard College, 13
 Sims, infirmary for treating the accidents of parturition, 13
 Sleep, continuing five years, 11
 Smith, excision of knee-joint, 52
 Snow, treatment of cholera, 49
 Sore nipples, tincture of benzoïn for, 171
 Spain, medicine in, 104
 Spirit-rapping, disclosure respecting, 159
 Startin, treatment of acne, 169
 Statistical reports of operations performed in London hospitals, 1, 17, 41, 57, 77, 93, 118, 129, 137, 149, 161, 173
 Stenhouse, coffee leaves, 75
 Stethoscope, 75
 Stomach, lectures on functional disorders of, 61, 81
 St. Louis, medical students in, 52
 Subnitrate of bismuth in gonorrhœa, 171
 Syphilis, existence of, in France in the first century, 16
- T.**
 Tetanus, causes and treatment of, 53
 Thompson, petroleum in phthisical cough, 171
 Tiedemann, fête to, 128
 Tracheotomy in croup, 171
 Transactions American Medical Association, 182
 Traumaticine in diseases of the skin, 170
 Turnbull, charcoal as a disinfectant, 160
 Turpentine in cholera, 147
 Tuthill, sleep continuing five years, 11
- V.**
 Vaccination act in England, 56
 Varicocele, treatment of, 90
 Ventilation of ships, 170
- W.**
 War in the East, 103, 128
 Weber, creasote in cholera, 136
 Wynn, infant tapped for ascites, 38
- Y.**
 Yale College, Medical Institution of, 52
 Yellow fever, 156, 182
 — new work on, 168

